

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

16522095

**CLAIMS**

	AD FILED		ADDITIONAL ASSIGNMENT		ADDITIONAL ASSIGNMENT			AD FILED		ADDITIONAL ASSIGNMENT		ADDITIONAL ASSIGNMENT	
	CHD	DEP	CHD	DEP	CHD	DEP		CHD	DEP	CHD	DEP	CHD	DEP
1							51						
2							52						
3		2					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		2					77						
28		2					78						
29		2					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	41						TOTAL DEP.						
TOTAL CLAIMS	48						TOTAL CLAIMS						